

03-12-03 1653

AMENDMENT TRANSMITTAL LETTER			CLIENT-MATTER NO.: 66752-026 (P-HR 5615)	
SERIAL NO: 09/648,816	FILING DATE: August 25, 2000	EXAMINER: C. Kam	GROUP ART UNIT: 1653 CONFIRMATION NO.: 6324	
INVENTION: ANTIMICROBIAL PEPTIDES AND DERIVED METAPEPTIDES				

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"EXPRESS MAIL" MAILING LABEL NUMBER: EV 347 546 432 US

DATE OF DEPOSIT: May 9, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VIRGINIA 22313-1450.

Christine M. Grace
Printed Name of Person Mailing Paper or Fee

Christine M. Grace
Signature of Person Mailing Paper or Fee

Transmitted herewith is the Response to the Office Action mailed January 9, 2003, with Appendix A, in the above-identified application.

X Small Entity status of this application has been established under 37 CFR 1.27.

X Petition for Extension of Time is enclosed (in duplicate).

___ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.

X No additional claims fee is required.

___ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	13	-	66	-	0	x	\$9	\$18	=	\$0.00	\$
INDEPENDENT CLAIMS	1	-	16	-	0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			___ YES		___ X ___ NO		\$140	\$280	=	\$0.00	\$
							TOTAL ADDITIONAL FEE			\$0.00	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

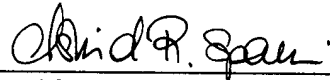
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

RECEIVED
MAY 14 2003
TECH CENTER 1600/2900

Inventors: Yeaman and Shen
Serial No.: 09/648,816
Filed: August 25, 2000
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- X Please charge my Deposit Account No. 502624 the amount of \$55.00, which covers the fee for a one-month extension of time. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Astrid R. Spain
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San Diego, California 92122
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